

FORM ID

Form 5500

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Pension and Welfare Benefits  
Administration

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 5039D, 5047(e), 5057(b), and 5058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only

OMB Nos. 1510-0046  
1510-0088

1999

This Form is Open to  
Public Inspection

## Part I Annual Report Identification Information

For the calendar year 1999 or fiscal year beginning 1999 and ending 1999

A This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan;

(4) ☐ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) TYPE DFE PLAN ENTITY

B This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;

(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here COLLECTIVE\_BARGAIN\_IND ☐

D If you filed for an extension of time to file, check the box and attach a copy of the extension application. EXT\_APPLICATION\_FILED\_IND ☐

## Part II Basic Plan Information

1a Name of plan

PLAN\_NAME

GOVT\_PLAN\_NAME

1b Three-digit plan number (PN) SPONS\_DFE\_PN

1c Effective date of plan (mo., day, yr.) SPONS\_DFE\_PN\_INC

PLAN\_EFFECT\_DATE SPONS\_DFE\_GOVN\_PN

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)

SPONSOR\_DFE\_NAME

SPONSOR\_DFE\_GOVN\_NAME

SPONS\_DFE\_DBA\_NAME

SPONS\_DFE\_CARE\_OF\_NAME

SPONS\_DFE\_MAIL\_STR\_ADDRESS

SPONS\_DFE\_LOC\_ADDR

SPONS\_DFE\_FOREIGN\_ROUTE\_CD

SP\_DFE\_FGN\_MAIL\_CNTRY

SPONS\_DFE\_CITY

SPONS\_DFE\_STATE

SPONS\_DFE\_ZIP\_CODE

2b Employer Identification Number SPONS\_DFE\_EIN

SPONS\_DFE\_EIN\_NO

SPONS\_DFE\_PN\_INC

2c Sponsor's telephone number SPONS\_DFE\_PHONE\_NUM

2d Business code (see instructions) BUSINESS\_CODE

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

ADMIN\_SIGNATURE\_IND

Signature of plan administrator

ADMIN\_SIGNED\_DATE

Date

ADMIN\_SIGNED\_NAME

Typed or printed name of individual signing as plan administrator

SPONS\_SIGNATURE\_IND

Signature of employer/plan sponsor/DFE

SPONS\_SIGNED\_DATE

Date

SPONS\_SIGNED\_NAME

Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

v2.3

Form 5500 (1999)

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3a Plan administrator's name and address (if same as plan sponsor, enter "Sponsor")  
 ADMIN\_NAME ADMIN\_FOREIGN\_ROUTE\_CD  
 ADMIN\_CARE\_OF\_NAME ADMIN\_FOREIGN\_MAILING\_CNTRY  
 ADMIN\_STR\_ADDRESS ADMIN\_CITY ADMIN\_STATE

3b Administrator's EIN ADMIN\_EIN

3c Administrator's telephone number  
 ADMIN\_PHONE\_NUM

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name LAST\_RPT\_SPONS\_NAME b EIN LAST\_RPT\_SPONS\_EIN

c PN LAST\_RPT\_PLAN\_NUM

5 Preparer information (optional) a Name (including firm name, if applicable) and address  
 PREPARER\_01\_NAME PREPARER\_FRGM\_MAILING\_CNTRY  
 PREPARER\_02\_NAME PREPARER\_CITY  
 PREPARER\_STR\_ADDRESS PREPARER\_STATE  
 PREPARER\_FOREIGN\_ROUTE\_CD PREPARER\_ZIP\_CODE

b EIN

PREPARER\_EIN

c Telephone no.

PREPARER\_PHONE\_NUM

6 Total number of participants at the beginning of the plan year 6 TOT\_PARTCP\_BOY\_CNT

7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)

a Active participants 7a TOT\_ACTIVE\_PARTCP\_CNT  
 b Retired or separated participants receiving benefits 7b RTD\_SEP\_PARTCP\_RCVG\_CNT  
 c Other retired or separated participants entitled to future benefits 7c RTD\_SEP\_PARTCP\_FUT\_CNT  
 d Subtotal. Add lines 7a, 7b, and 7c 7d SUBTL\_ACT\_RTD\_SEP\_CNT  
 e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 7e BENEF\_RCVG\_BNFT\_CNT  
 f Total. Add lines 7d and 7e 7f TOT\_ACT\_RTD\_SEP\_BENEF\_CNT

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 7g PARTCP\_ACCOUNT\_BAL\_CNT

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 7h SEP\_PARTCP\_PARTCL\_VSTD\_CNT

i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5503) 7i SSA\_FILER\_PARTCP\_CNT

8 Benefits provided under the plan (complete 8a through 8c, as applicable)

a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)) PENSION\_BENEFIT\_PLAN\_IND  
 TYPE PENSION\_BNFT\_CODE

b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions)) WELFARE\_BENEFIT\_PLAN\_IND  
 TYPE WELFARE\_BNFT\_CODE

c Fringe benefits (check this box if the plan provides fringe benefits) FRINGE\_BENEFIT\_PLAN\_IND

9a Plan funding arrangement (check all that apply)

(1) Insurance FUNDING\_ARRANGEMENT\_CODE  
 (2) Section 412(i) insurance contracts  
 (3) Trust  
 (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) Insurance BENEFIT  
 (2) Section 412(i) insurance contracts  
 (3) Trust  
 (4) General assets of the sponsor

See attached list of plan characteristic codes

**10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**

**a Pension Benefit Schedules**

☐ **R** SCH\_R\_ATTACHED\_IND  
☐ **T** NUM SCH\_T\_ATTACHED\_CNT\_mation)  
 If a Schedule T is not attached because the plan  
 is relying on (SCH\_T\_PNDG\_INFO\_PRIOR\_YR\_DAT  
 prior year, enter the year .....  
☐ **B** SCH\_B\_ATTACHED\_IND  
☐ **E** SCH\_E\_ATTACHED\_IND  
☐ **SSA** (Separated Vested Participant Information)  
 SCH\_SSA\_ATTACHED\_IND

**b Financial Schedules**

(1)	<input type="checkbox"/>	<b>H</b>	(Financial Information)	SCH_H_ATTACHED_IND
(2)	<input type="checkbox"/>	<b>I</b>	(Financial Information -- Small Plan)	SCH_I_ATTACHED_IND
(3)	<input type="checkbox"/>	<b>A</b>	(Insurance Information)	SCH_A_ATTACHED_IND
(4)	<input type="checkbox"/>	<b>C</b>	(Service Provider Information)	SCH_C_ATTACHED_IND
(5)	<input type="checkbox"/>	<b>D</b>	(DFE/Participating Plan Information)	SCH_D_ATTACHED_IND
(6)	<input type="checkbox"/>	<b>G</b>	(Financial Transaction Schedules)	SCH_G_ATTACHED_IND
(7)	<input type="checkbox"/>	<b>P</b>	(Trust Fiduciary Information)	SCH_P_ATTACHED_IND
			NUM_SCH_P_ATTACHED_CNT	SCH_F_ATTACHED_IND

**c Fringe Benefit Schedule**

☐ **F** (Fringe Benefit Plan Annual Information)

**SCHEDULE H**  
**(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**1999**

**This Form is Open to Public Inspection.**

For calendar year 1999 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** Name of plan

**B** Three-digit plan number

**C** Plan sponsor's name as shown on line 2a of Form 5500

**D** Employer Identification Number

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines c(9) through c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** DFEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, 1i, and, except for master trust investment accounts, also do not complete lines 1d and 1e. See instructions.

**Assets**

	(a) Beginning of Year		(b) End of Year	
	NON_INT_BEAR_CASH_BOY_AMT	NON_INT_BEAR_CASH_EOY_AMT	NON_INT_BEAR_CASH_BOY_AMT	NON_INT_BEAR_CASH_EOY_AMT
<b>a</b> Total noninterest-bearing cash				
<b>b</b> Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	EMPLR_CONTRIB_BOY_AMT	EMPLR_CONTRIB_EOY_AMT		
(2) Participant contributions	PARTCP_CONTRIB_BOY_AMT	PARTCP_CONTRIB_EOY_AMT		
(3) Other	OTHER_RECEIVABLES_BOY_AMT	OTHER_RECEIVABLES_EOY_AMT		
<b>c</b> General investments:				
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	INT_BEAR_CASH_BOY_AMT	INT_BEAR_CASH_EOY_AMT		
(2) U.S. Government securities	GOV'T_SEC_BOY_AMT	GOV'T_SEC_EOY_AMT		
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	CORP_DEBT_PREFERRED_BOY_A	CORP_DEBT_PREFERRED_EOY_A		
(B) All other	CORP_DEBT_OTHER_BOY_AMT	CORP_DEBT_OTHER_EOY_AMT		
(4) Corporate stocks (other than employer securities):				
(A) Preferred	PREF_STOCK_BOY_AMT	PREF_STOCK_EOY_AMT		
(B) Common	COMMON_STOCK_BOY_AMT	COMMON_STOCK_EOY_AMT		
(5) Partnership/joint venture interests	JOINT_VENTURE_BOY_A	JOINT_VENTURE_EOY_AMT		
(6) Real estate (other than employer real property)	REAL_ESTATE_BOY_AMT	REAL_ESTATE_EOY_AMT		
(7) Loans (other than to participants)	OTHER_LOANS_BOY_AMT	OTHER_LOANS_EOY_AMT		

(2) Participant contributions	b(2)	
(3) Other	b(3)	
c General investments:		
(1) Interest-bearing cash (incl. money market accounts and certificates of deposit)	c(1)	
(2) U.S. Government securities	c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	c(3)(A)	
(B) All other	c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	c(4)(A)	
(B) Common	c(4)(B)	
(5) Partnership/joint venture interests	c(5)	
(6) Real estate (other than employer real property)	c(6)	
(7) Loans (other than to participants)	c(7)	
(8) Participant loans	PARTCP_LOANS_BOY_AMT	PARTCP_LOANS_EOY_AMT
(9) Value of interest in common/collective trusts	INT_COMMON_TR_BOY_AMT	INT_COMMON_TR_EOY_AMT
(10) Value of interest in pooled separate accounts	INT_POOL_SEP_ACCT_BOY_AMT	INT_POOL_SEP_ACCT_EOY_AMT
(11) Value of interest in master trust investment accounts	INT_MASTER_TR_BOY_AMT	INT_MASTER_TR_EOY_AMT
(12) Value of interest in 103-12 investment entities	INT_103_12_INVST_BOY_AMT	INT_103_12_INVST_EOY_AMT
(13) Value of interest in registered investment companies (e.g., mutual funds)	INT_REG_INVST_CO_BOY_AMT	INT_REG_INVST_CO_EOY_AMT
(14) Value of funds held in insurance co. general account (unallocated contracts)	INS_CO_GEN_ACCT_BOY_AMT	INS_CO_GEN_ACCT_EOY_AMT
(15) Other	OTH_INVST_BOY_AMT	OTH_INVST_EOY_AMT

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. V2.3 Schedule H (Form 5500) 1999

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**d Employer-related investments:**

	(a) Beginning of Year	(b) End of Year
(1) Employer securities	EMPLR_SEC_BOY_AMT	EMPLR_SEC_EOY_AMT
(2) Employer real property	EMPLR_PROP_BOY_AMT	EMPLR_PROP_EOY_AMT
<b>e</b> Buildings and other property used in plan operation.	BLDGS_USED_BOY_AMT	BLDGS_USED_EOY_AMT
<b>f</b> Total assets (add all amounts in lines 1a through 1e)	TOT_ASSETS_BOY_AMT	TOT_ASSETS_EOY_AMT
<b>Liabilities</b>		
<b>g</b> Benefit claims payable	BNFTS_PAYABLE_BOY_AMT	BNFTS_PAYABLE_EOY_AMT
<b>h</b> Operating payables	OPRTNG_PAYABLE_BOY_AMT	OPRTNG_PAYABLE_EOY_AMT
<b>i</b> Acquisition indebtedness	ACQUIS_INDEBT_BOY_AMT	ACQUIS_INDEBT_EOY_AMT
<b>j</b> Other liabilities	OTHER_LIAB_BOY_AMT	OTHER_LIAB_EOY_AMT
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j)	TOT_LIABILITIES_BOY_AMT	TOT_LIABILITIES_EOY_AMT
<b>Net Assets</b>		
<b>l</b> Net assets (subtract line 1k from line 1f)	NET_ASSETS_BOY_AMT	NET_ASSETS_EOY_AMT

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. DFEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

	(a) Amount	(b) Total
<b>a Contributions:</b>		
(1) Received or receivable in cash from:		
(A) Employers	EMPLR_CONTRIB_INCOME_AMT	
(B) Participants	PARTICIPANT_CONTRIB_AMT	
(C) Others (including rollovers)	OTH_CONTRIB_RCVD_AMT	
(2) Noncash contributions	NON_CASH_CONTRIB_BS_AMT	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	<b>a(3)</b>	TOT_CONTRIB_AMT

**b Earnings on investments:**

(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	INT_BEAR_CASH_AMT	
(B) U.S. Government securities	INT_ON_GOVTS_SEC_AMT	
(C) Corporate debt instruments:	INT_ON_CORP_DEBT_AMT	
(D) Loans (other than to participants)	INT_ON_OTH_LOANS_AMT	
(E) Participant loans	INT_ON_PARTICIP_LOANS_AMT	
	INT_ON_OTH_INVST_AMT	

- (1) Received or receivable in cash from: (A) Employers.....
- (B) Participants.....
- (C) Others (including rollovers).....
- (2) Noncash contributions.....
- (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)
- b Earnings on investments:**
- (1) Interest:
- (A) Interest-bearing cash (including money market accounts and certificates of deposit).....
- (B) U.S. Government securities.....
- (C) Corporate debt instruments.....
- (D) Loans (other than to participants).....
- (E) Participant loans.....
- (F) Other.....
- (G) Total interest. Add lines 2b(1)(A) through (F).....
- (2) Dividends: (A) Preferred stock.....
- (B) Common stock.....
- (C) Total dividends. Add lines 2b(2)(A) and (B).....
- (3) Rents.....
- (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....
- (B) Aggregate carrying amount (see instructions).....
- (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....

a(1)(A)		
a(1)(B)		
a(1)(C)		
a(2)		
a(3)		
b(1)(A)		
b(1)(B)		
(1)(C)		
b(1)(D)		
b(1)(E)		
b(1)(F)		
b(1)(G)		TOTAL_INTEREST_AMT
DIVND_PREF_STOCK_AMT		
DIVND_COMMON_STOCK_AMT		
b(2)(C)		TOTAL_DIVIDENDS_AMT
b(3)		TOTAL_RENTS_AMT
AGGREGATE_PROCEEDS_AMT		
AGGREGATE_COSTS_AMT		
b(4)(C)		TOT_GAIN_LOSS_SALE_AST_AM

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		(a) Amount	(b) Total
(5)	Unrealized appreciation (depreciation) of assets:	UNREALZD_APPRCTN_RE_AMT	
(B)	Other	UNREALZD_APPRCTN_OTH_AMT	
(C)	Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	b(5)(C)	TOT_UNREALZD_APPRCTN_AMT
(6)	Net investment gain (loss) from common/collective trusts	b(6)	GAIN_LOSS_COM_TRUST_AMT
(7)	Net investment gain (loss) from pooled separate accounts	b(7)	GAIN_LOSS_POOL_SEP_AMT
(8)	Net investment gain (loss) from master trust investment accounts	b(8)	GAIN_LOSS_MASTER_TR_AMT
(9)	Net investment gain (loss) from 103-12 investment entities	b(9)	GAIN_LOSS_103_12_INVST_AMT
(10)	Net investment gain (loss) from registered investment companies (e.g., mutual funds)	b(10)	GAIN_LOSS_REG_INVST_AMT
c	Other income	c	OTHER_INCOME_AMT
d	Total income. Add all income amounts in column (b) and enter total	d	TOT_INCOME_AMT
<b>Expenses</b>			
e	Benefit payment and payments to provide benefits:		
(1)	Directly to participants or beneficiaries, including direct rollovers	DISTRIB_DRT_PARTCP_AMT	
(2)	To insurance carriers for the provision of benefits	INS_CARRIER_BNFTS_AMT	
(3)	Other	OTH_BNFT_PAYMENT_AMT	
(4)	Total benefit payments. Add lines 2e(1) through (3)	e(4)	TOT_DISTRIB_BNFT_AMT
f	Corrective distributions (see instructions)	f	TOT_CORRECTIVE_DISTRIB_AMT
g	Certain deemed distributions of participant loans (see instructions)	g	TOT_DM_DISTRIB_STOP_LNS_A
h	Interest expense	h	TOT_INT_EXPENSE_AMT
i	Administrative expenses:		
(1)	Professional fees	PROFESSIONAL_FEES_AMT	
(2)	Contract administrator fees	CONTRACT_ADMIN_FEES_AMT	
(3)	Investment advisory and management fees	INVT_MGMT_FEES_AMT	
(4)	Other	OTHER_ADMIN_FEES_AMT	
(5)	Total administrative expenses. Add lines 2i(1) through (4)	i(5)	TOT_ADMIN_EXPENSES_AMT
j	Total expenses. Add all expense amounts in column (b) and enter total	j	TOT_EXPENSES_AMT
<b>Net Income and Reconciliation</b>			
k	Net income (loss) (subtract line 2j from line 2d)	k	NET_INCOME_AMT
l	Transfers of assets		
(1)	To this plan	l(1)	TOT_TRANSFERS_TO_AMT
(2)	From this plan	l(2)	TOT_TRANSFERS_FROM_AMT



**SCHEDULE I  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Financial Information -- Small Plan**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**1999**

This Form Is Open  
to Public Inspection.

For calendar year 1999 or fiscal plan year beginning SCH\_I\_PLAN\_YEAR\_BEGIN\_DATE and ending SCH\_I\_TAX\_PRD

**A** Name of plan

**B** Three-digit  
plan number ▶

SCH\_I\_PLAN\_NUM

**C** Plan sponsor's name as shown on line 2a of Form 5500

**D** Employer Identification Number  
SCH\_I\_EIN

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

**1 Plan Assets and Liabilities:**

	(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets	11 SMALL_TOT_ASSETS_BOY_AMT	SMALL_TOT_ASSETS_EOY_AMT
<b>b</b> Total plan liabilities	SMALL_TOT_LIABILITIES_BOY_AMT	SMALL_TOT_LIABILITIES_EOY_AMT
<b>c</b> Net plan assets (subtract line 1b from line 1a)	1C SMALL_NET_ASSETS_BOY_AMT	SMALL_NET_ASSETS_EOY_AMT

**2 Income, Expenses, and Transfers for this Plan Year:**

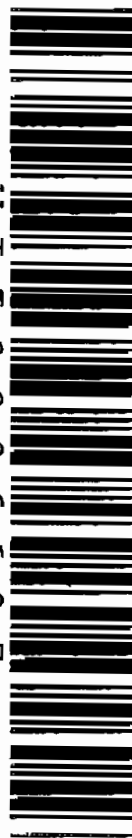
	(a) Amount	(b) Total
<b>a</b> Contributions received or receivable		
(1) Employers	2a(1) SMALL_EMPLR_CONTRIB_INCOME_AMT	
(2) Participants	2a(2) SMALL_PARTICIPANT_CONTRIB_AMT	
(3) Others (including rollovers)	2a(3) SMALL_OTH_CONTRIB_RCVD_AMT	
<b>b</b> Noncash contributions	2b SMALL_NON_CASH_CONTRIB_BS_AMT	
<b>c</b> Other income	2c SMALL_OTHER_INCOME_AMT	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d	SMALL_TOT_INCOME_AMT
<b>e</b> Benefits paid (including direct rollovers)	2e	
<b>f</b> Corrective distributions (see instructions)	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions)	2g	

1c		(a) Amount	(b) Total
2a(1)			
2a(2)			
2a(3)			
2b			
2c			
2d			
2e	SMALL_TOT_DISTIB_BNFT_AMT		
2f	SMALL_CORRECTIVE_DISTIB_AMT		
2g	SMALL_DM_DSTRB_PTCP_LN_A		
2h	SMALL_OTH_EXPENSES_AMT		
2i		SMALL_TOT_EXPENSES_AMT	
2j		SMALL_NET_INCOME_AMT	
2k		SMALL_TOT_PLAN_TRANSFERS_AMT	

3 Specific Assets: If the plan held any assets in one or more of the following specific categories, check yes and enter the current value as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests			SMALL_JOINT_VENTURE_EOY_AMT
b Employer real property			SMALL_EMPLR_PROP_EOY_AMT

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	Yes	No	Amount
<b>3c</b> Real estate (other than employer real property) . . . . .			SMALL_INVST_REAL_EST_EOY_I
<b>d</b> Employer securities . . . . .			SMALL_EMPLR_SEC_EOY_IND
<b>e</b> Participant loans . . . . .			SMALL_MORTG_PARTCP_EOY_IND
<b>f</b> Loans (other than to participants) . . . . .			SMALL_OTH_LNS_PARTCP_EOY_IND
<b>g</b> Tangible personal property . . . . .			SMALL_PERSONAL_PROP_EOY_IND

**Part II Transactions During Plan Year****4** During the plan year:

	Yes	No	Amount
<b>a</b> Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102? (See instructions) . . . . .			SMALL_FAIL_XMT_CTB_I
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? . . . . .			SMALL_FAIL_XMT_CTB_A
<b>c</b> Were any loans secured by the participants' account balance . . . . .			SMALL_LOANS_IN_DEFAULT_AMT
<b>d</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? . . . . .			SMALL_LEASES_IN_DEFAULT_AMT
<b>e</b> Did the plan engage in any nonexempt transaction with any party in interest? . . . . .			SMALL_PT_IN_INT_NOT_RPTD_I
<b>f</b> Was the plan covered by a fidelity bond? . . . . .			SMALL_PLAN_INS_FDLTY_BOND_AMT
<b>g</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? . . . . .			SMALL_LOSS_DISCV_DUR_YEAR_AMT
<b>h</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? . . . . .			SMALL_ASSET_UNDETERM_VAL_AMT
<b>i</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? . . . . .			SMALL_NON_CASH_CONTRIB_AMT
<b>j</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? . . . . .			SMALL_20_PRCNT_SINGL_INVST_AMT
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? . . . . .			SMALL_ALL_PLAN_AST_DISTRIB_IND

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year . . . . . ☐ Yes ☐ No Amount SMALL\_RES\_TERM\_PLAN\_ADPT\_AMT

**5b** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

[illegible]

**LIST OF PLAN CHARACTERISTICS CODES FOR LINES 8a AND 8b**

<b>CODE</b>	<b>Defined Benefit Pension Features</b>		
1A	Benefits are primarily pay related	2B	Target benefit plan
1B	Benefits are primarily flat dollar (includes dollars per year of service).	2C	Money purchase (other than target benefit)
1C	Cash balance or similar plan - Plan has a "cash balance" formula. For this purpose, a "cash balance" formula is a benefit formula in a defined benefit plan by whatever name (e.g., personal account plan, pension equity plan, life cycle plan, cash account plan, etc.) that rather than, or in addition to, expressing the accrued benefit as a life annuity commencing at normal retirement age, defines benefits for each employee in terms more common to a defined contribution plan such as a single sum distribution amount (e.g., 10 percent of final average pay times years of service, or the amount of the employee's hypothetical account balance).	2D	Offset plan - Plan benefits are subject to offset for retirement benefits provided in another plan or arrangement of the employer.
1D	Offset arrangement - Plan benefits are subject to offset for retirement benefits provided in another plan or arrangement of the employer.	2E	Profit-sharing
1E	Code section 401(h) arrangement - Plan contains separate accounts under Code section 401(h) to provide employee health benefits.	2F	ERISA section 404(c) Plan - This plan, or any part of it is intended to meet the conditions of 29 CFR 2550.404c-1.
1F	Code section 414(k) arrangement - Benefits are based partly on the balance of the separate account of the participant (also include appropriate defined contribution pension feature codes).	2G	Total participant-directed account plan - Participants have the opportunity to direct the investment of all the assets allocated to their individual accounts, regardless of whether 29 CFR 2550.404c-1 is intended to be met.
1G	Covered by PBGC - Plan is covered under the PBGC insurance program (see ERISA section 4021).	2H	Partial participant-directed account plan - Participants have the opportunity to direct the investment of a portion of the assets allocated to their individual accounts, regardless of whether 29 CFR 2550.404c-1 is intended to be met.
1H	Plan covered by PBGC that was terminated and closed out for PBGC purposes - Before the end of the plan year (or a prior plan year), (1) the plan terminated in a standard (or distress) termination and completed the distribution of plan assets in satisfaction of all benefit liabilities (or all ERISA Title IV benefits for distress termination), or (2) a trustee was appointed for a terminated plan pursuant to ERISA section 4042.	2I	Stock bonus
		2J	Code section 401(k) feature - A cash or deferred arrangement described in Code section 401(k) that is part of a qualified defined contribution plan that provides for an election by employees to defer part of their compensation or receive these amounts in cash.
		2K	Code section 401(m) arrangement - Employee contributions are allocated to separate accounts under the plan or employer contributions are based, in whole or in part, on employee deferrals or contributions to the plan. Not applicable if plan is 401(k) plan with only QNECs and/or QMACs. Also not applicable if Code section 403(b)(1), 403(b)(7) or 408 arrangements/accounts/annuities.
		2L	Code section 403(b)(1) arrangement - See <b>Limited Pension Plan Reporting</b> instructions for Code section 403(b)(1) arrangements for certain exempt organizations.
		2M	Code section 403(b)(7) accounts - See <b>Limited Pension Plan Reporting</b> instructions for Code section 403(b)(7) custodial accounts for regulated investment company stock for certain exempt organizations.
		2N	Code section 408 accounts and annuities - See <b>Limited Pension Plan Reporting</b> instructions for pension plan utilizing individual Code section 408 retirement accounts or annuities as the funding vehicle for providing benefits.
		2O	ESOP other than a leveraged ESOP - A completed Schedule E must be attached to a Form 5500 filed for an ESOP.
		2P	Leveraged ESOP - An ESOP that acquires employer securities with borrowed money or other debt-financing techniques. A completed Schedule E must be attached to a Form 5500 filed for an ESOP.
		2Q	The employer maintaining this ESOP is an S Corporation.
		2R	Participant-directed brokerage accounts provided as an investment option under the plan.

<b>CODE</b>	<b>Defined Contribution Pension Features</b>
2A	Age/Service Weighted or New Comparability or Similar Plan - Age/Service Weighted Plan: Allocations are based on age, service, or age and service. New Comparability or Similar Plan: Allocations are based on participant classifications and a classification(s) consists entirely or predominantly of highly compensated employees; or the plan provides an additional allocation rate on compensation above a specified threshold, and the threshold or additional rate exceeds the maximum threshold or rate allowed under the permitted disparity rules of section 401(f).

**LIST OF PLAN CHARACTERISTICS CODES FOR LINES 8a AND 8b (Continued)**

<b>CODE</b>	<b>Other Pension Benefit Features</b>	<b>CODE</b>	<b>Welfare Benefit Features</b>
3A	Non-U.S. plan - Pension plan maintained outside the United States primarily for nonresident aliens	4A	Health (other than dental or vision)
3B	Plan covering Self-Employed individuals.	4B	Life insurance
3C	Plan not intended to be qualified - A plan not intended to be qualified under Code sections 401, 403, or 408.	4C	Supplemental unemployment
3D	Master plan - A pension plan that is made available by a sponsor for adoption by employers, that is the subject of a favorable opinion letter; and for which a single funding medium (for example, a trust or custodial account) is established for the joint use of all adopting employers.	4D	Dental
3E	Prototype plan - A pension plan that is made available by a sponsor for adoption by employers; that is the subject of a favorable opinion or notification letter; and under which a separate funding medium (for example, a separate trust or custodial account) is established for each adopting employer.	4E	Vision
3F	Plan sponsor(s) received services of leased employees, as defined in Code section 414(n), during the plan year.	4F	Temporary disability (accident and sickness)
3G	One-participant plan - A plan without employees as defined in 29 CFR 2510.3-3(b).	4G	Prepaid legal
3H	Plan sponsor(s) is (are) a member(s) of a controlled group (Code sections 414(b), (c), or (m)).	4H	Long-term disability
		4I	Severance pay
		4J	Apprenticeship and training
		4K	Scholarship (funded)
		4L	Death benefits (include travel accident but not life insurance)
		4P	Taft-Hartley Financial Assistance for Employee Housing Expenses
		4Q	Other
		4R	Unfunded, fully insured, or combination unfunded/insured welfare plan that will not file a Form 5500 for next plan year pursuant to 29 CFR 2520.104-20.
		4S	Unfunded, fully insured, or combination unfunded/insured welfare plan that stopped filing Form 5500s in an earlier plan year pursuant to 29 CFR 2520.104-20.